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	Under the Paper	vork Reduction Act	of 1995, no p	era zaoan	required to	U.S. Par	A tent and Tra- ction of info	ppron Jema mati	ved for use the rk Office; U.S on unless it dis	ough 10 DEPA	PTO/ 0/31/2002. 0 RTMENT OF REPAIL OMB O	SB/06 (08-00) MB 0651-003: F COMMERCI Control number
PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number  10019573												
CLAIMS AS FILED - PART I								LL I	ENTITY	OR	OTHER T	
(Column I) (Column 2) FOR NUMBER FILED NUMBER EXTRA							T RA		FEE	1	SMALL E	FEE
									1.00		10(12	
BASIC FEE (37 CFR 1.16(a))									\$	OR		\$8900
TOTAL CLAIMS (37 CFR 1.18(c))			neinus 20 =		- 1.0.0		x \$_	_==		OR	x \$ =	
INDEPENDENT CLAIMS (17 CPR 1.16(b))				nus 3 =   * 0 0			x	_=		OR	x=	
MULTIPLE DEPENDENT CLAIM PRESENT . (37 CFR 1.144)					6(8))					OR	+=	
♦ If the difference in column 1 is less then zero, enter "0" in column 2								AL		OR	TOTAL	89000
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	LL I	ENTITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RAT	Œ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus			= 0	x \$	=	0	OR	x \$=	
	Independent (37 CFR 1.16(b))	Minus		***		= 0	x	=	0	OR OR	x=	÷
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.14d))							_=		OR	+ =	
	(Column 1) (Column					(Column 3)	TOT ADDIT. F			OR A	TOTAL DDIT FEE	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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۲	FIRST PRESENTATION OF MULTIPLE DEPI				r claim	(37 CER 1.16(d))	1	=		OR	+=	
· · · ·		(Column 3)	TO: ADDIT. 1			OR A	TOTAL DDIT. FEE					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY O FOR	PRESENT EXTRA	RAT	Е	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1,16(c))	*	Minus	**		=	× \$	x \$=			x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***		=	x	_ =		OR OR	x =	
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(5))							_=		OR	+ =	
* If the entry in column I is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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